

Group History Form



When completed, please return to CMI32 Archives
archives@cmia32.org. / or bring to next assembly

CONFIDENTIAL - Full Names of AA members should be used.

Group Name: _____

City or Town: _____

District: _____ General Service # (if known): _____

Prepared by: _____ Date: _____

Contact Info: Phone: _____ Email: _____

Group History

Previous Name(s) if any: _____

Date Founded: _____

Founder(s): _____

Early Members: _____

Place and time of first meeting: _____

Current location (moved?): _____

History (other locations, anniversaries, special meetings, outside speakers, notes about founders, etc.):

Use more paper if necessary.